

PART B - FEE(S) TRANSMITTAL

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7590

06/18/2002

NIXON & VANDERHYE PC
 1100 NORTH GLEBE ROAD
 8TH FLOOR
 ARLINGTON, VA 22201



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(Depositor's name)

(Signature)

(Date)

09/375,394

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/375,394	08/17/1999	SIMON ORMEROD	871-65	4998

TITLE OF INVENTION: LINEAR PERSONALIZATION MACHINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	09/18/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, THUY VAN	3652	187-251000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. NIXON & VANDERHYE P.C.

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GILLES LEROUX S.A.

Semoy, France

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 2☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).

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(Authorized Signature)

Joseph S. Presta, 35,329 9/18/02

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09/19/2002 CCHAU2 00000214 09375394

01 FC:142

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